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APPLICANTS

Rourke M. Yeakley, Eagle, ID;

\*\* CONTINUING DATA \*\*\*\*\*  
*none EK 28 SEP 2005*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*none EK 28 SEP 2005*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 10/03/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY ID	SHEETS DRAWING 3	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 3
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35 USC 119 (a-d) conditions met ☐ yes ☒ no ☐ May after Allowance

Verified and Acknowledged *cu* *Heard* *EC*  
 Examiner's Signature Initials

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TITLE  
 Pre-dosed oral liquid medication dispensing system

FILING FEE  RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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